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INFORMATIONAL LETTER #92-10

DATE: August 4, 1992

TO: ADMINISTRATORS
LONG TERM CARE FACILITIES

FROM: Jean Schoonover, R.N., Chief
Bureau of Facility Standards

SUBJECT: Conflict Resolution

The Department recently met with representatives from the Idaho Health Care Association to develop a formal set of guidelines to be followed when disagreements arise in the survey process and/or associated activities.

The procedure was developed in an attempt to increase communication and to provide a formalized method of resolving disputed findings either while surveyors are still in the facility or within 48 hours following the survey.

This procedure is intended to provide a method for discussion of concerns and potentially significant issues among the provider, the survey team, and the Long Term Care Supervisor before a deficiency is written on the HCFA-2567 form.

The concept of conflict resolution has been challenged by the federal government, particularly in cases where the recertification process has been interrupted. While we support the concept of conflict resolution it cannot be allowed to interrupt or delay either the survey process or any associated activities. If this occurs, the Department would have no alternative but to reconsider the use of the procedure.

The procedure is as follows:

1. Active participation in the survey process by the provider is encouraged. Open communication is important throughout the entire procedure. The survey team should ask for and encourage the facility staff to furnish clarifying or missing information as necessary and needed.
2. Members of the survey team will be available for a brief daily meeting with the Administrator and the Director of Nursing Services near the end of each day to request needed information, discuss potentially significant issues, and to assure open communication.
3. Should a significant deficiency exist, a brief meeting will be held with the Administrator prior to the exit conference.
4. Should the provider disagree with the findings of the survey team during the exit conference, the provider will have the right to offer information, documentation, or other necessary resources for the team's review. This should be done at the completion of the exit conference. The survey team should allow at least one (1) hour for the facility to gather the information, review, and evaluate it.

If the facility has been able to resolve the finding of non-compliance with appropriate data before the team leaves the facility, the deficiency will not appear on the HCFA-2567 form.

5. If there are deficiencies that the survey team and provider have been unable to resolve, the provider may advise the team at the exit conference that a meeting will be requested with the Long Term Care Supervisor before the HCFA-2567 form is sent to the facility for a response. This meeting must be arranged and completed as quickly as possible and within two (2) working days of the exit conference.
6. A plan of correction will be completed in response to the HCFA-2567 form. Every effort will be made to assure that deficiencies appearing reflect the true nature and extent of non-compliance relative to the requirements for continued participation in the state and federal programs.
7. When open lines of communication, meetings with the Department, and the procedures outlined in the resolution process have failed to resolve deficiencies appearing on the HCFA-2567 form, the provider will dispute the report in a professional manner on the HCFA-2567 form.

Informational Letter #92-10

August 4, 1992

Page 3 of 3

As with the survey process in the last couple of years, this procedure may require refinement to meet both the provider's and the Department's needs.

If you have any questions or comments, they should be directed to John Hathaway, Long Term Care Supervisor at 334-6626.

Jean Schoonover, R.N., Chief
Bureau of Facility Standards

JS/tm

cc: Idaho Health Care Association
John Hathaway

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